

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Cruz for President**

**A. Full Name (Last, First, Middle Initial)**

**MICHAEL BURTON**

Mailing Address 5520 W LAWRENCE AVE

City	State	Zip Code
CHICAGO	IL	60630-3412

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**INSURANCE AGENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.304051**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		01		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

**B. Full Name (Last, First, Middle Initial)**

**PHILLIP BURTON**

Mailing Address 5212 ELM STREET

City	State	Zip Code
COLLEYVILLE	TX	76034-3257

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SIMPSON STRONG-TIE**

Occupation  
**MANAGER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1276.00

**Transaction ID : SA17.282736**

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		09		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

276.00

**C. Full Name (Last, First, Middle Initial)**

**MR. NORMAN K. BURTT**

Mailing Address P.O. BOX 1431

City	State	Zip Code
BELLAIRE	TX	77402-1431

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**DEMPSEY ELECTRIC**

Occupation  
**CARPENTER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.265665**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

**Subtotal Of Receipts This Page (optional)**.....

826.00

**Total This Period (last page this line number only)**.....